

{ORGANIZATION NAME/LOGO}

{PROJECT TITLE}

Facility Participation and Commitment Agreement

To be eligible to participate in the **{Project Name}** project, a facility must be a North Carolina certified skilled nursing facility and agree to the **{number of years} year commitment** to the terms of the project. By signing this agreement, you understand that the CMP funding being used to implement this project in your facility will count towards your allowable funding for this project category. For more information about CMP funding allowances, please visit <https://www.ncculturechangecoalition.org/fundinganduses>

Facility Name _____ CCN _____

Address _____

Administrator's Name _____

Corporate Ownership _____

Name/Title of Individual Signing This Form _____

Email _____ Phone _____

If multiple long-term care communities are being included in one Letter, please check here and complete information on back of form instead.

Type of CMP Project

Quality of Care Training Consumer Information Other _____

Quality of Life Activities Resident/Family Council

Signature _____

Date _____

Corporate Operator Name

Participating Facility Name	Location	CMS Certification No. (CCN)

Commits the following facilities to the **{Project Name}** Project

Corporate Signature/Title

Date